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Report on Hamilton Seniors: Trends and Issues

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Social Planning & Research Council
SPRC
of Hamilton

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INTRODUCTION

This report has been prepared by the Social Planning and Research Council of Hamilton (SPRC) in partnership with the United Way of Burlington, Hamilton-Wentworth. Our purpose is to better document and inform the community about the seniors population and the particular trends and issues that threaten the health and well-being of this segment of the community.

The Report begins with a review of demographic characteristics of the seniors population including population size, income distribution, housing, health care and cultural diversity. To enrich our understanding of demographic data several key informant interviews have been carried out with individuals identified as knowledgeable on particular aspects of seniors trends and issues relating to seniors in Hamilton. When combined these information resources provide a basis for a summary of important conditions and issues we can better understand as a community. The report concludes with a summary of issues for action to take that will contribute to the health and well being of seniors in Hamilton.

To strengthen the quality and value of this work to the United Way of Burlington, Hamilton-Wentworth and community at large, the study has been designed and implemented in cooperation with the Halton Social Planning Council. The result of this effort is to have available a comparable report on the Burlington community.

POPULATION CHARACTERISTICS

Population Size

In recently released census data, Hamilton's population had grown by 4.8% since the census in 1996. Hamilton is reported to have a population of 490,268 in 2001. Seniors (65 years of age or older) accounted for 15.3% (70,255 seniors) of the population at that time.

Table 1: Population size for City of Hamilton, 2001

Characteristics	Total	Male	Female
Age of population			
Total - all persons	460,270	239,520	250,745
Age 65 - 74	37,925	17,370	20,550
Age 75 - 84	25,270	10,065	15,205
Age 85 and over	7,060	2,150	4,910
Total population age 65 and over	70,255	29,585	40,665
% of the population age 65 and over	15.3%	12.4%	16.2%

Source: Statistics Canada, Community Profiles, 2001

Table 1 also describes the population size by gender for Hamilton. It indicates that the majority of seniors are female. In 2001, 58% of the population 65 and over are female and 42% are male.

Population Projections

The population of Hamilton is expected to continue to increase. The rate of growth for the seniors population may grow faster than that of the City as our population ages. The rate of population increase varies between different age groups. There is a consistent increase in all groups over the period from 1996 to 2011, and on through 2021.

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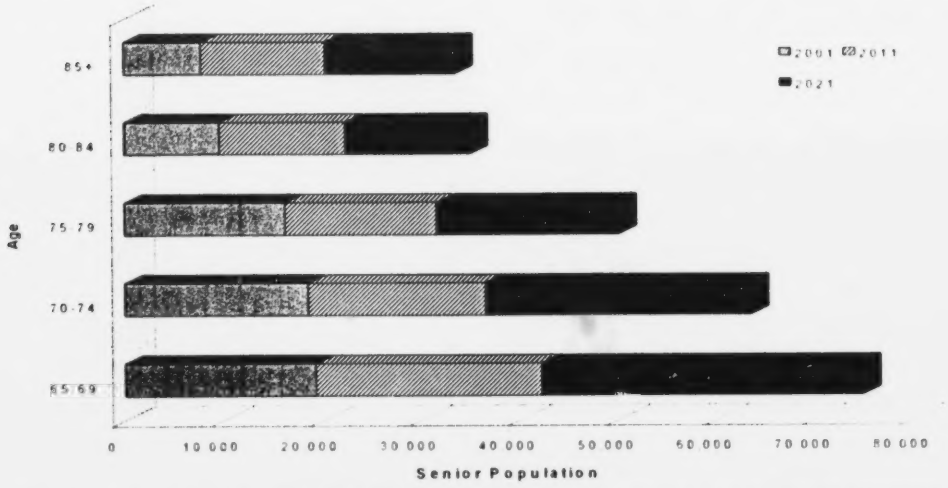
Chart 1: Senior Population in Hamilton-Wentworth, 2001,2011 & 2021 Projections



It is important to note that the 85+ age group will experience the greatest increase in population size for both males and females. Between 1996 and 2021, the new city of Hamilton will see an increase of 108% within this age group.

The female and male populations will increase at approximately the same rate, however the actual number of individuals differs greatly between genders. For males, the 1,675 individuals identified to be eighty-five years or older in 1996, will increase to 3,350 in 2021. For females, this number is expected to increase from 4,660 in 1996, to 9,840 in 2021.

Population Distribution

An important feature of the local senior's population is the distribution of seniors across the City, and how this distribution is expected to change over time. The following table shows the population increase of seniors (65+) for the former Region and its six municipalities (Hamilton, Dundas, Ancaster, Flambourough, Stoney Creek, and Glanbrook).

Table 2: Distribution of Seniors (65+) by Municipality - 1996 actual and 2009 projections

	1996	2009	Percent Increase
Hamilton	**48,810**	**57,224**	**17%**
Dundas	3,925	4,484	14%
Ancaster	2,825	4,282	52%
Flamborough	3,260	5,677	74%
Stoney Creek	6,235	9,218	48%
Glanbrook	1,235	1,890	53%
Region Total	**66,275**	**82,775**	**25%**

Of the 66,275 seniors living in the former Hamilton-Wentworth Region in 1996, almost 75% resided in the former City of Hamilton. By 2009 however, this proportion will shift from 75% to 69% (57,224). Although we can expect a slower increase in the senior's population in Hamilton than in other municipalities, the former City will still be home to the majority of seniors living in the new municipality.

The increase in the senior's population in Hamilton between 1996 and 2009 is the second smallest, at 17% (Dundas is the smallest at 14%). In contrast, the senior's population in Flambourough for instance, is expected to increase by 74% during this same period

Those involved in service planning must be aware that most communities and neighbourhoods may expect a change in size of the seniors population over the coming years

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INCOME

There are three main sources of income for old age individuals and families:

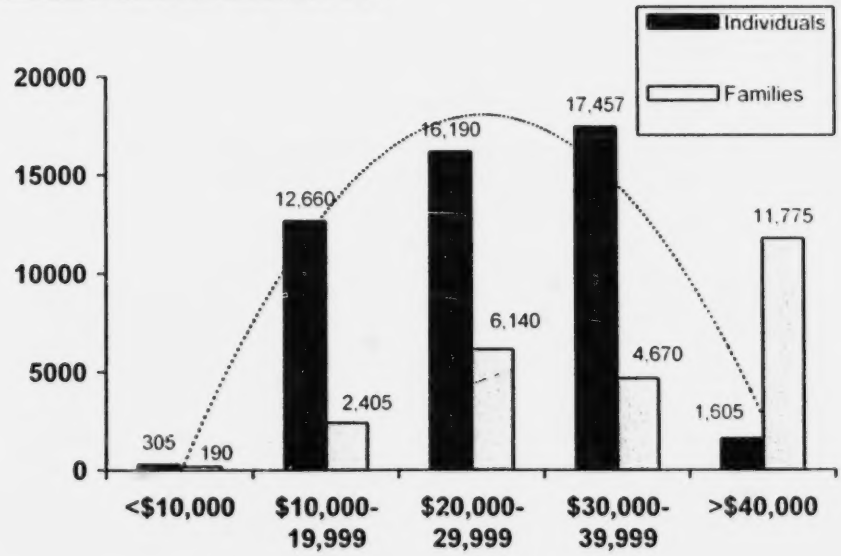
- Earned income (through employment)
- Government transfers (OAS - Old Age Security/GIS-Guaranteed Income Supplement). OAS benefits are available to all Canadian citizens or legal residents aged 65+. Seniors with little or no income other than that received from OAS may also be eligible for GIS.
- Money received from other retirement plans or policies

Table 3: Income Sources of Older Adults by Age and Gender, Hamilton-Wentworth, 1996

INCOME SOURCE	TOTAL 65-74 YEAR OLDS		TOTAL 75+ YEAR OLDS	
	Males (17,580)	Females (21,370)	Males (8,905)	Females (14,425)
Individuals with earnings	12.9% (2,285)	7.8% (1,685)	4.3% (385)	2.0% (290)
Individuals with government transfers	99.2% (17,445)	98.7% (21,090)	100% (8,905)	99.7% (14,385)

Source: Statistics Canada, 1996 Census. Beyond 20/20 Database.

Chart 2: Income Distribution for the Population 65+ in Hamilton-Wentworth, 1996



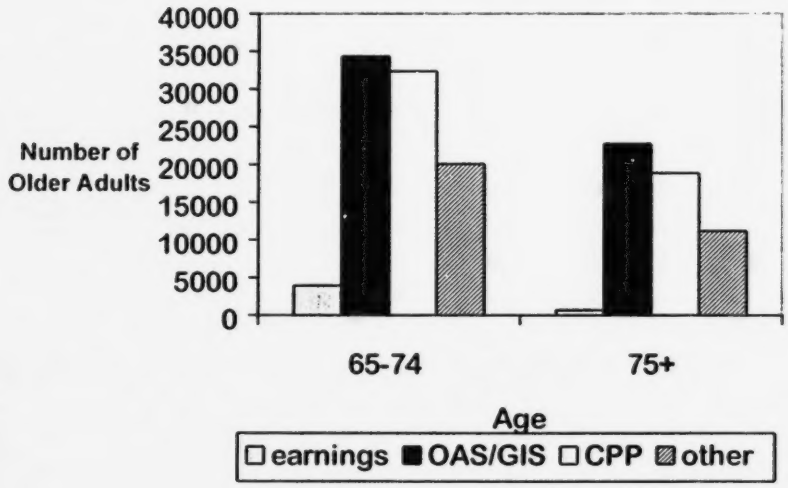
Source: Statistics Canada, 1996 Census. Beyond 20/20 Database.

The above graph represents the income of seniors in Hamilton-Wentworth for 1996, irrespective of income source. As we can see from the trendline (shaped as a normal distribution), those individuals that lived alone had an income that was distributed into the middle portion of the annual income bracket. The majority of independent seniors made between $30,000 to $39,999 while only 3.3% of this population received more than $40,000.

For seniors that were a part of a family, yearly income tended towards a higher income bracket. In 1996, nearly 50% of senior families generated an income greater than $40,000. The next highest income bracket was $20,000-29,000 with 24% of senior families falling within this range.

A lower annual income is more likely to affect seniors that are living independently. As the sole source of financial income, elder individuals may experience greater financial stresses when paying alone for costs of living. However, those seniors that live in a family (ie. with a spouse), often have more than one source of income, with both individuals receiving Old Age Security benefits in addition to money incurred by retirement savings.

Chart 3: Sources of Income for Older Adults by Age Groups, Hamilton-Wentworth, 1996



Source: Statistics Canada, 1996 Census. Beyond 20/20 Database.

Income in old age can either be earned through employment, received through Old Age Security (OAS) or Guaranteed Income Supplement (GIS) payments, Canadian Pension Plans, or other forms of retirement planning. In many cases, seniors will receive income from more than one of these financial sources.

In Hamilton-Wentworth (1996), 34,325 unattached older individuals (age 65-74) received OAS/GIS payments, 32,375 received CPP payments, and 20,045 had another type of retirement income. Those individuals that relied on OAS/GIS payments were more likely to be living in poverty with 20.6% classified as poor. This is compared to 18.7% of individuals receiving money from CPP payments, and only 10% of seniors with other forms of retirement income that were living below the poverty line.

For seniors, age 75 years and older, the same trends can be seen; seniors receiving OAS/GIS payments are more likely to be poor, followed by those with CPP payments and finally by seniors that have another source of retirement income. However, the poverty rates are much higher among older seniors. For instance, 31.9% of older unattached individuals receiving security payments, 29.7% of CPP recipients, and 17.5% of those with other sources of income were classified as poor.

Although data shows that the majority of seniors in Hamilton-Wentworth (1996) had an income above the low-income cut-off, many seniors lived below the poverty line. In 1996 there were 9,570 elderly families with income earnings from employment. Of these families, 470 or 4.9% were poor. There were 25,105 elderly families not employed that received government transfers as a source of finance; 13% (3,265) of this population was classified as poor. Of families that had another source of income such as individual retirement savings plans, 5.5% were living in poverty.

Low Income

Poverty is a function of economic inequality. In Hamilton, as in the rest of Canada, poverty disproportionately affects women. Regardless of their age, women are more likely than men to be poor.

Poverty is defined in this report using Statistics Canada's definition:

> *poor individuals are individuals who have an income that is below LICOs requirements according to the family size and the population size of the area of residence*

In 1996, the regional poverty rate in Hamilton-Wentworth was 21.9% (102,448 residents). The poverty rate for seniors is higher than in the general population. At the Regional level poverty among elderly citizens was highly polarized according to gender. Approximately 24% of poor individuals for the age group 65-74 were female while only 17% were male.

Seniors living independently from family members were at an increased risk of poverty. This was most noticeable when accessing female poverty status that increased markedly with 50% falling below the poverty line. Elder men on the other hand were only at a slightly greater chance of living in poverty with 18% meeting LICO's criteria.

Census data also showed an increase in poverty rates among older senior residents (75+ years). In Hamilton-Wentworth the poverty rate for this group increased to 32% and was twice as high for females (40%) as it was for males (20%).

In 1996, the average income of poor persons living in Hamilton-Wentworth was $9,463. By comparison, poor older adults aged 65-74 and 75+ had an average total income of $11,482 (and respectively $12,699). Although this was above the mean 'poor income', the financial characteristics of this age group were nonetheless lower than the LICO of $14,473 recommended for individuals living in a region the size of Hamilton-Wentworth.

Poverty remains a key issue among seniors. Few elder citizens, whether or not they are classified as poor, receive income from employment. As a result, the majority of seniors rely on CPP, OAS payments, government transfers, or other savings plans as their main source of revenue.

According to 1996 census data, poverty is greater among unattached individuals as compared to their age-matched counterparts belonging to a family. 21% (8155) unattached older adults aged 65-74 and 32% (7465) of individuals 75 and over were classified as poor. It should be noted that unattached elders that are 75 years old and above are at the greatest risk of living in poverty according to Statistics Canada criteria and, as is true at all ages, women are at an increased risk of poverty.

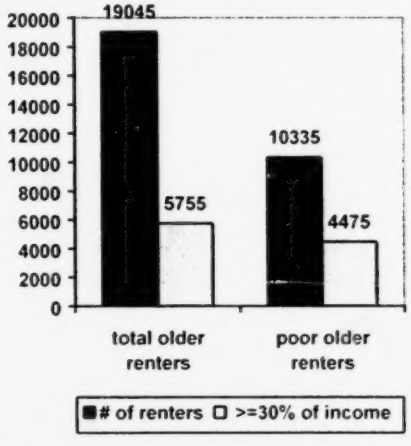
HOUSING

Ensuring the adequate housing is available to all seniors is an important focus for social planning services. Canada Housing and Mortgage Corporation conducted a long-term housing outlook study and predicted that the household growth by age group will peak at age 65-74 in 2011-2016.

Private Dwellings

There were 25,185 elderly families in Hamilton-Wentworth in 1996 in which the head of the family or the spouse was 65 years of age and over. Out of this number, 44.3% of elderly families lived in a private dwelling (owned or rented). 3,270 (13%) elderly families were poor under the Statistics Canada guidelines.

Chart 4: Older Renters by Monthly Rate in Hamilton-Wentworth, 1996



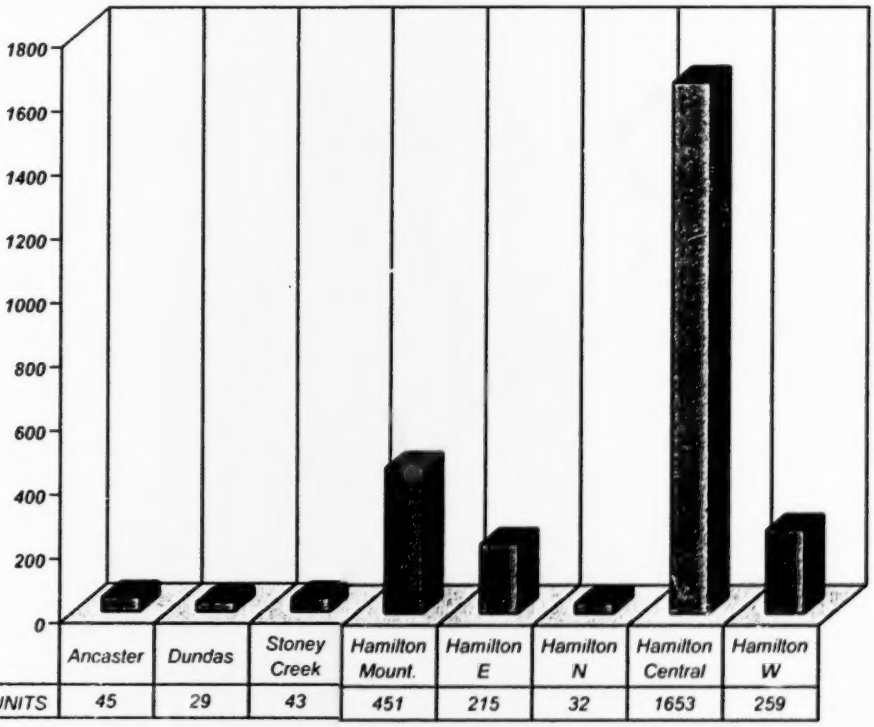
Source: Statistics Canada, 1996 Census. Beyond 20/20 Database.

As described in the previous section, the incidence of poverty is very high among seniors. Just over 50% of the total elder population was classified as poor in 1996, out of which 43.3% spent 30% or more of their monthly income on rent. In chart 4, indicates that Hamilton-Wentworth had 19,045 older renters in 1996, with 5,755 (30.2%) spending 30% or more of their monthly income on housing payments.

Senior Housing Distribution

Senior housing is in high demand among the current senior population and this is expected to increase with the ageing population. Subsidized housing provides a comfortable, secure, and economical place to live. Subsidized housing units are based on a rent-geared-to-income in which 30% of a resident's income determines rent payments. In 1999, the Housing Authority Office in Hamilton-Wentworth had 15 senior buildings with a total of 2,682 units. Given the high poverty rate among seniors, rent is based on a RGI (rent-geared-to-income) system in which 30% of the tenant's gross income plus a flat fee for utilities is charged each month.

Chart 5: Number of Seniors Units per Housing Authority Building in Hamilton-Wentworth, 1999



	Ancaster	Dundas	Stoney Creek	Hamilton Mount.	Hamilton E	Hamilton N	Hamilton Central	Hamilton W
# OF UNITS	45	29	43	451	215	32	1653	259

Source: Housing Authority Office through Housing Help Centre, Hamilton-Wentworth, March 2000.

Chart 5 provides a representation of the number of housing units currently available to seniors within Hamilton-Wentworth. It is important for community planners to note the respective distribution of these units across the region. For instance, Hamilton has by far the most senior housing units, representing 96% of all those available in Hamilton-Wentworth. The surrounding municipalities however have significantly fewer senior residencies.

The availability of these subsidized housing units is related to where they are located within the region. The majority of the units are located in downtown Hamilton and usually can be accessed within 2-6 months upon application. In other regions that include municipalities such as Dundas and even the Hamilton mountain, the waiting list is much longer, with the potential to span into years.

We can anticipate that if current trends continue, the distribution of senior housing will not reflect the changing distribution of the senior's population in the municipality. The former City of Hamilton, for example, will experience one of the slowest increases (second only to Dundas) in the senior population. However, municipalities such as Glanbrook and Flamborough which are estimated to experience a far greater increase in the number of seniors, offer only a fraction of the available housing.

Home Ownership

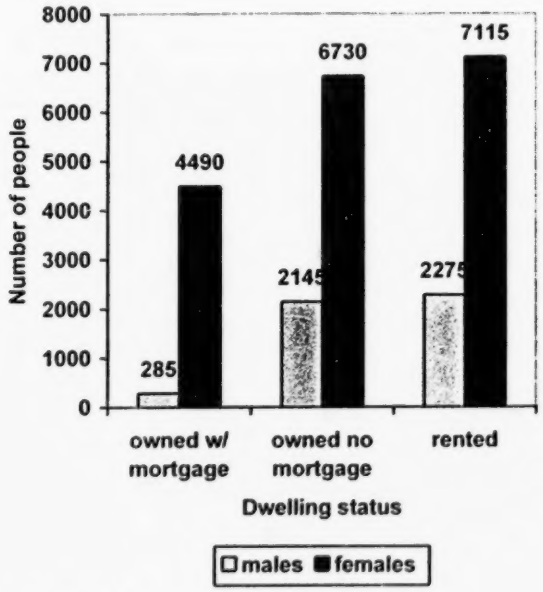
There were 9,655 older home owners- age 65 and over- (2,430 males, 7,225 females) in Hamilton-Wentworth in 1996. 45% (4,345) of these homeowners were poor. The majority of poor homeowners (80.5% or 3,500) were women.

Females are more likely than males to spend a significant portion of their income on housing payments. In 1996, 20.6% (500) male home owners spent 30% or more on monthly owner's payments compared with 23.4% (1,690) of female home owners.

Poor homeowners that spent 30% or more of their monthly income on owner's payments represented 38.7% (1,355) of female homeowners and 29% (245) of male homeowners.

Tenure of Occupied Private Dwellings

Chart 6: Unattached Older Adults by Dwelling Status in Hamilton-Wentworth by Ownership, 1996



Source: Statistics Canada, 1996 Census. Beyond 20/20 Database.

As represented in the above graph, 59.2% of unattached older adults resided in houses with 34.9% making mortgage payments. 40.8% of the total older population rented their homes.

In Hamilton-Wentworth in 1996, nearly four times as many elder females than males resided in private dwellings, with the highest proportion living in a housing establishment where they paid rent.

Table 4: Total and Poor Elderly Families Living in Hamilton-Wentworth by Mortgage Status in 1996

Total elderly families (25,185)	Percentages	Numbers
Home ownership:		
• With mortgage	10.2%	2,560
• Without mortgage	72.0%	18,145
Poor elderly families		
Home ownership;		
• With mortgage	1.2%	290
• Without mortgage	7.8%	1,975

Source: Statistics Canada, 1996 Census. Beyond 20/20 Database.

In 1996, 22,970 elderly families in Hamilton-Wentworth owned their residences; 6.0% (1,380) of these families spent 30% or more of their monthly income on owner's payments. Poor elderly families comprised 10.9% (2,265) of the senior population. 635 (28%) of them spent 30% or more of their monthly household income on owner's payments, with 1.2% of poor families owing money to monthly mortgage payments. 10.2% of families that were not defined as poor by Statistics Canada criterion also had monthly mortgage payments.

Supportive Housing

There are 41 non-profit senior buildings housing 4,057 residents (65 years of age and older) in Hamilton-Wentworth.

There are 28 second-level lodging homes and retirement homes in Hamilton-Wentworth. Only 8 of these buildings (for a total of 219 beds) are subsidised by the government. Of these 28 homes, 20 are private and offer 1298 beds to the older population.

Dwelling Conditions

The condition of housing establishments is important when assessing the safety of the living spaces. Those living in a house requiring major repairs place themselves at a greater risk for injury. This is particularly true when considering the senior population that is already at a high risk for falls and accidents within the home.

Census data for 1996 shows that there were 1,500 elderly families that lived in a household that needed major repairs. 230 (15.3%) of these families where poor. Conversely, 23,685 households of elderly families needed minor or no repairs. 12.8% of these households were occupied by poor elderly families.

Affordable Housing and Poverty

It is important for community services to recognize the high poverty levels among seniors. For all those living in poverty, the level of income as obtained through government transfers, OAS/GIS payments or other sources of finance, is essential to finding affordable housing that meets the needs of the elder person or family. According to 1996 data, almost 1/3 of the poor elderly families that owned homes spent more than 30% of their monthly income on owner's payments, while 50% of older renters (age 65 and over) were poor. 15.3% of these poor elder families lived in a household requiring major repairs. These dwelling conditions indicate that many seniors may be living in conditions that may not be safe or adequate.

It is worth noting that a there is a particularly high rate of poverty among elder females. This trend was reported in 1996 census data for Hamilton-Wentworth with over 80% of elderly female homeowners considered poor. New strategies must be developed in order to effectively address poverty rates among seniors and their access to appropriate housing and care facilities.

Informal Care

Family and friends provide at least 80% of caregiving* to seniors. Out of these numbers, three quarters of caregivers are women (Infowatch, June 1996).

Women predominate as primary caregivers and spend more time providing care than men. Daughters are more likely than sons to help with transportation, housekeeping, shopping, cooking, care when ill, and personal care. Sons, on the other hand, tend to provide more assistance than daughters do with home repairs and yard work, decision-making, financial advice and financial support (Rosenthal and Martin-Matthews, 1999).

Socio-economic status determines whether a woman is a care provider or care manager. Income is the major determinant of whether health services will be purchased and how many services will be accessed. Higher income gives caregivers more options and flexibility in obtaining services to meet their parents' needs (Rosenthal and Martin-Matthews, 1999).

It is important to point out that very few caregivers are in the labour force and those who are have limited career orientations. This is of special significance when considering the increase of women entering the workforce. A job and a family will greatly decrease the amount of time that could have previously been allotted to elder care.

Population 15 Years Of Age And Older Providing Elder Care

Family and employment status are two key factors that affect the number of hours an individual contributes to elder care. Family status is defined by two categories: unattached individuals and economic family members. Employment status is divided into three categories: (1) unemployed (2) working under 30 hours per week and (3) working at least 30 hours per week.

Statistics Canada reports that in 1996, 58,045 hours of elder care per week were provided by unattached individuals. 56% of these elder care hours were provided by individuals that were not employed, while only 7.2% of hours were performed by those employed for less than 30 hours per week. Unattached individuals that were employed for more than 30 hours per week contributed the second largest proportion, representing 36.2% of elder care hours in 1996.

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* the term 'caregiving' denotes the provision of help to an older relative with no specification of the type of help provided

Caregivers that were economic family members provided fewer hours of informal care, contributing 47,910 hours of elder care per week. 68.4% of these hours were provided by unemployed caregivers. Family members that were employed for less than 30 hours per week comprised 11.6% of elder care hours, while the remaining 20% were provided by family caregivers that were employed 30 hours per week or more.

Comparatively, the distribution of hours is similar for unattached and family member care providers. In both instances, unemployed individuals contributed the greatest proportion of hours, followed by those employed 30 hours per week or more, and finally, by caregivers that held employment for less than 30 hours per week.

Family Members (Pop.15+) Providing Elder Care Per Week (In Hours) Number of Hours of Elder Care by Family Type

Table 5: Caregiver Not Employed

Number of Hours of Elder Care per Week	Families with child <12 and seniors >65		Families without children <12 and with seniors>65	
	Male	Female	Male	Female
0	690	1,130	17,880	19,545
< 5	50	150	1,685	1,945
5 - 9	10	60	710	925
10 +	30	185	895	1,785
Poor				
0	80	160	2,605	2,765
< 5	10	15	120	145
5 - 9	0	25	110	90
10 +	10	30	125	285

When the caregiver was not employed, over 80% of family members and unattached individuals did not provide any elder care. Poor family members and unattached individuals were even more likely not to contribute to elder care with 85% providing no hours in 1996.

Female family members provided the greatest number of elder care hours with 4.5% allotting more than 10 hours of care per week. On the other hand, only 1.7% of unattached females spent more than 10 hours per week on elder care.

Male family members contributed less towards the care of an elder with approximately 2% spending 10 or more hours per week on informal care. Unattached males, compared with their female counterparts, contributed equally with 2% of males providing 10 or more hours per week.

Table 6: Caregiver Employed For Less Than 30 Hours Per Week

Number of Hours of Elder Care per Week	Families with child <12 and seniors >65		Families without children <12 and with seniors>65	
	Male	Female	Male	Female
0	75	150	1,105	1,285
< 5	15	60	220	305
5 - 9	15	30	65	175
10 +	15	35	50	205
Poor				
0	0	30	65	85
< 5	0	0	0	15
5 - 9	0	0	0	10
10 +	0	0	0	35

When the care provider worked for less than 30 hours per week, it was observed that more female family members than male provided elder care. This difference was most prominent when comparing values for care exceeding 10 hours weekly. Comparatively, 3% (or 825) of females and only 1% (145) of males provided more than 10 hours of elder care weekly.

As was true in unemployed family members and unattached caregivers, poor individuals employed for less than 30 hours per week provided less hours of elder care than non-poor counterparts. The only exception was poor female family members (4%) who contributed more than 10 hours of elder care per week. Only 3% of non-poor female family members spent an equal amount of time on elder care per week.

Males that were a part of an economic family were less likely to contribute to elder care spanning 5-9 hours per week. Only 2.6% of males in this population, compared with 4.5% of unattached males, provided between 5 and 9 hours of elder care weekly.

Table 7: The Care Giver Is Employed For 30 + Hours A Week

Number of Hours of Elder Care per Week	Families with child <12 and seniors >65		Families without children <12 and with seniors>65	
	Male	Female	Male	Female
0	490	310	4,110	2,135
< 5	210	110	675	675
5 - 9	90	85	265	280
10 +	55	75	270	470
Poor				
0	15	20	130	55
<5	10	0	20	0
5 - 9	10	0	0	0
10 +	0	10	0	10

Source: Statistics Canada, 1996 Census. Beyond 20/20 Database

According to the above 1996 Census data, unattached individuals employed for 30 or more hours per week were more likely to contribute zero hours towards elder care.

Poor and non-poor economic family members were also less likely to contribute 10 or more hours of elder care per week. Only 1.4% of male family members, and 2.8 % of female family members spent 10 or more hours on informal care weekly. Unattached individuals contributed even less with only 1 % of males and 1.7% of females spending more than 10 hours per week on elder care.

As was true of the pervious two data sets, **poor** unattached individuals and family members were most likely not to provide elder care and females (regardless of family and employment status) were more likely to contribute to the care of an elder.

Providing Childcare and Senior Care

Families that provided elder care and childcare (for children 12 years of age and younger) spent only 450 hours on elder care per week. This represents only 1% of the total hours of informal care performed by family members acting as primary caregivers.

Families with children do contribute to seniors care, however they are more likely to be affected by time-constraints, employment status (hours worked per week) and economic issues.

More unemployed family members contributed less than 5 hours of elder care weekly. It is very likely that these individuals may have provided full-time childcare. Overall, unemployed family members performed 73% of the elder care hours, with a greater number contributing 10+ hours per week compared to those employed under and over 30 hours per week.

Formal Care for Older Adults

Although formal care is an option for meeting the often complicated service needs for seniors, it is not always available or accessible due to issues that extend beyond the service providers themselves. Some of the key issues facing community care for older adults are described as follows:

- Community-based programs are not covered by a comprehensive national insurance
- The lack of uniform patterns of availability and accessibility of such services is problematic
- In recent years, the federal government has cut, substantially, the money it transfers annually to the provinces for health care, post-secondary education, and welfare

The data for this section is based on Hamilton-Wentworth Community Care Access Centre reporting for fall 1999.

Chart 8: CCAC Clients in Hamilton-Wentworth by Type of Services, 1998*

TYPE OF SERVICES	HAMILTON-WENTWORTH
Any CCAC services	5940
Homemaking	3490
Nursing	2480
Nutrition	210
Occupational Therapy	820
Physiotherapy	734
Social Work	250
Speech-Language Pathology	100
Average # of service Types per CCAC client	640

Source: Hamilton-Wentworth Community Care Access Centre, Community Profile, Fall 1999.
*based on active clients on March 8, 1998 and 1996 Census population data not adjusted for the sex and age distribution.

Although formal services are not the primary source of elder care, certain services are used widely throughout Hamilton-Wentworth. According to CCAC statistics, the most common services that seniors received through formal care were homemaking and nursing. The other services offered, such as speech-language pathology and physiotherapy, are useful in cases of chronic medical and physical illnesses, and are most often utilized following an injury or release from hospital.

Overview of Care giving Trends and Key Issues

Informal caregivers provide the main form of health care among the senior population. Middle-aged and young senior women contribute to the highest proportion of elder care hours, representing 75% of all family members and/or friends that commit to informal care.

Additional trends can be seen when looking at employment, family status, and childcare statistics. For instance, according to 1996 census data for Hamilton-Wentworth, unemployed individuals performed more than 50% of the hours dedicated to elder care per week while family members also caring for a child (under the age of 12) contributed the least number of hours.

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There appears to be a relationship between the social status of the caregiver and the quantity of elder care provided. The time spent on elder care depends on many social, personal and economic factors that affect a caregiver's sense of commitment. Caregiver competency and availability need to be assessed to ensure that any long-term needs that are not being met through informal care are compensated with professional services available in the community.

As an integral part of senior care in Hamilton-Wentworth, strategies should be implemented to support the needs of all caregivers. This would include community-based supports, financial supports or incentives, and efforts to establish advocacy groups (Infowatch 1996). The development of these services will depend in part on funding availability and the changing needs of both the recipient and the care provider.

ACTIVITY LIMITATIONS

Activity limitation refers to a restriction in the kind or amount of a person's activity due to a long-term physical condition or health problem (Statistics Canada, 1996 Census Dictionary).

Ontario Health Survey (1996-97) shows that 89.0% of older adults (65 years of age and over) in Hamilton-Wentworth had no mobility problems. In 1999, 33% of surveyed seniors reported some form of activity limitation or health problem. While looking at these numbers it is important to recognize that perceived health status is not always reflective of an individual's actual condition and that mobility problems do not embody all restrictions in activity.

Approximately 24% of poor women with an activity limitation in Hamilton-Wentworth were 75 years of age and older. This was the highest proportion observed in all individuals with activity limitations that also lived in poverty. (The Urbanization of Poverty in Hamilton-Wentworth, 1996).

It is important to consider the housing status of seniors with limitations in daily activity, especially when they are living alone or apart from family. The incidence of poverty and the chance of injury in the home are likely to increase if the elder has some form of disability

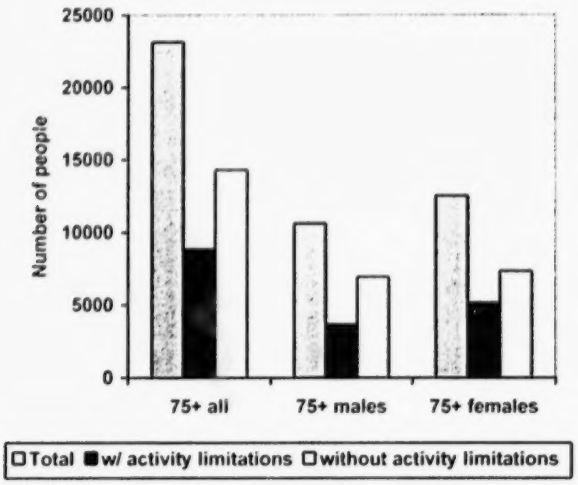
In 1996, 85% of unattached male and 25.7% of female homeowners had an activity limitation. Poverty is fairly high among this population with 40% of disabled males and 54% of females with limitations classified as poor.

Fewer individuals with activity limitations rented their homes in 1996; 4.7% were male renters and 16.6% were female. However, the poverty rate among this population was significantly greater than that of homeowners with 66% of males and 72% of female renters with activity limitations living below the poverty line.

Elderly Families with Activity Limitations

Elderly families are defined when the oldest spouse or family member is 65 years of age and over. In Hamilton-Wentworth (1996), there were 1,705 elderly families with at least one member with an activity limitation that were poor. 63% of these poor families owned their dwellings with approximately 13% making monthly mortgage payments.

Chart 8: Population 75+ by Activity Limitation, Hamilton-Wentworth, 1996.



Source: Statistics Canada, 1996 Census. Beyond 20/20 Database.

The majority of seniors in Hamilton-Wentworth have reported to be living in good health, without any injuries of health problems that may interfere with daily activities. This was true for both younger and older seniors (aged 75+).

Accounting for disabilities is often difficult because many associate 'activity limitations' with severe disabilities. However, hearing difficulties and vision problems also qualify as health conditions that may affect daily function, so information on activity limitations may to some extent under-report the incidence of limitations.

ETHNICITY, CULTURE AND LANGUAGE

Immigrants are more likely than the population born in Canada to live in a metropolitan area. It is no surprise, with its low unemployment rate and lower cost of living, that Hamilton-Wentworth has a large population of immigrant and refugee families and individuals. In fact, immigrants represented approximately 24% of the regional population in 1998.

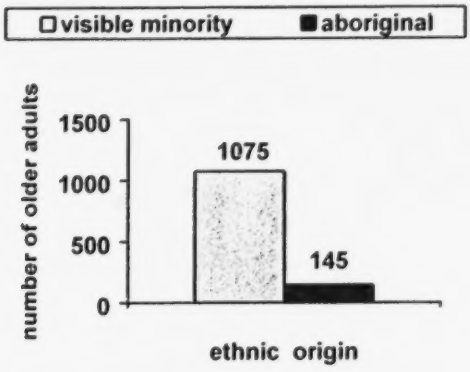
Despite being an important addition to the Hamilton community, relatively little is known or written about this population, especially very specific subgroups such as seniors. There are many barriers interfering with the access that senior immigrants have to health and social services in Hamilton-Wentworth. However, language and communication difficulties are the most prominent issues facing ethnic seniors. For instance, information, as conveyed through instructive materials and services, is not always available in several languages, making it difficult for seniors to become aware of the programs available to them. This is particularly true when considering recent immigrants who are more likely to have little or no knowledge of the English language.

Socio-cultural issues such as the publicly perceived status of seniors in Canadian society, and the confusion related to the role of service providers also prevent the involvement of elder citizens in support programs. In many cases, the staff and program agendas are not sensitive to the diversity and ethnic customs of senior immigrants. This tends to leave immigrants and refugees with feelings of insecurity and powerlessness when dealing with agencies in the community.

Ethnic Trends in Hamilton-Wentworth

Statistically, older immigrants are less likely to speak English, less likely to be married, have fewer years of education and have lower income than their younger counterparts (InfoWatch, v. 8(3), 1995). As a result, older immigrants are more likely to be socially isolated, unaware of and unable to access formal services, and they are more likely to be at a greater risk for health problems.

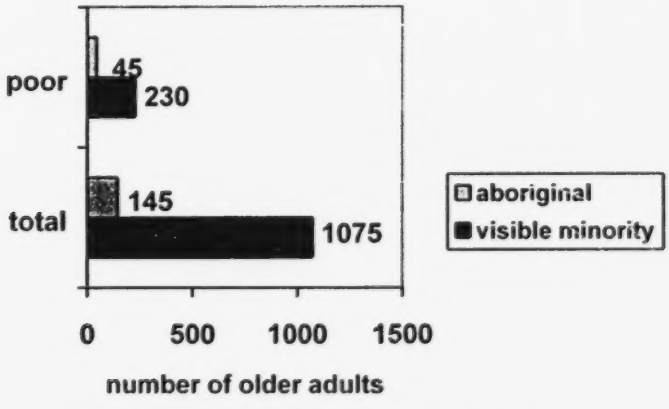
Chart 9: Minority Elderly Families by Ethnicity, Hamilton-Wentworth, 1996



Source: Statistics Canada, 1996 Census. Beyond 20/20 Database.

Hamilton-Wentworth is a highly diverse region, however in 1996, only 4.3% (1075) of elderly families were part of a visible minority. Aboriginal peoples represented an even smaller percent of elder families with only 0.5% in 1996.

Chart 10: Ethnic Characteristics of Minority Elderly Families by Ethnicity, Hamilton-Wentworth, 1996



Source: Statistics Canada, 1996 Census. Beyond 20/20 Database.

By referring to the above graph, it can be seen that the poverty rate among elders is influenced by ethnic origin. According to Statistics Canada data for Hamilton-Wentworth in 1996, 21.4% of elderly families belonging to a visible minority were poor while 31.0 % of all Aboriginal elderly families were poor.

It is important to acknowledge the disproportional social and economic conditions within minority groups, especially the status of the Aboriginal people. Equal opportunity and treatment of these individuals is important since discrimination and racism within their communities may be an issue.

Table 9: Immigration Characteristics of Older Adults by Age and Gender, Hamilton-Wentworth, 1996

All	65 - 74 years		75 + years	
	Male	Female	Male	Female
Immigrants	8,345	9,160	4,000	5,670
Canadian Born	9,230	12,140	4,885	8,700
Non-Permanent Residents	0	65	15	55
Period of Immigration before 1986	8,040	8,760	3,855	5,435
Between 1986 - 1990	135	150	80	125
Between 1990 - 1996	175	250	65	110
Poor				
Immigrants	1,590	2,380	955	2,205
Canadian Born	1,410	2,735	785	3,480
Non-Permanent Residents	0	30	0	30
Period of Immigration before 1986	1,785	2,215	920	2,130
Between 1986 - 1990	50	75	25	35
Between 1990 - 1996	55	90	15	40

Source: Statistics Canada, 1996 Census. Beyond 20/20 Database.

Referring to the above table, 1996 Census data for the immigration population 65-74 years old shows that 47.7 % were male and 42.9% of classified immigrants were female. 22.7% of these individuals (19% male and 26% female) were classified as poor.

For the senior population that was 75 years and older, 44.9% of immigrants were male and 39.3% were female. 32.7% of this population were found to be poor with a higher incidence of immigrant females living in poverty (38.9%) than immigrant males (23.9%).

Immigration Trends

Most immigrant seniors have been living in Hamilton for a long period of time. The 1996 census data shows that 94.8% arrived before 1981, 2.5% arrived between 1986-1990, and only 2.7% of older immigrants arrived recently in the 1990-1996 period.

Despite the small number of recent senior immigrants, there is an increase in the proportion of immigrants that are 65+. This represents the longer established immigrant population that came to Hamilton-Wentworth before 1986, and between 1986-1990, when they were in their mid-forties to early sixties. This group, which represents 40% of the immigrant population for its time, is currently aging into the senior years.

Future increase in senior immigrants will also come from younger aged immigrants (25-44 years old) that arrived in Hamilton-Wentworth between 1986-1990. This group represents just over 50% of the immigrant population during the specified time period and will become senior citizens within next 20-30 years.

Recent Immigrants vs. Established Immigrants

When comparing recent immigrants (those that arrived between 1990-1996), and those that landed before 1986 up until 1990, a slightly polarized level of income is observed. Only 24% of elderly immigrants arriving before 1986 to 1990 were classified as poor. This is compared to 34% of recent immigrants that fall below the poverty line.

There are a number of reasons for the higher incidence of poverty among recent immigrants. Mainly, most new immigrants have not been in the workplace long enough to contribute to retirement pension plans (this is assuming that the seniors were looking for or able to work). On a national level in 1997, approximately 90% of senior immigrants belonged to the 'family class', meaning that they came to Canada to live with relatives, or a spouse, and NOT to seek and find employment.

On the other hand, many immigrants may not have not lived in Canada for the time required to qualify for basic Old Age Security benefits (OAS). Approximately 99% of seniors relied on government transfers as a source of income.

Decline in income is also a huge issue for elderly women immigrants; a trend that parallels their Canadian-born counterparts. According to 1996 census data 14% of female immigrants aged 65-74, and 23% aged 75+ were poor. This is compared to 9% (65-74) and 10% (75+) of males. Income security is difficult for this group since, due to a longer life span, elder women must tightly control and stretch their income if they are to continue to live above the poverty line.

Health Issues Among Ethnic Seniors

An individual's health is affected not only by physical activity and well-being, but also by one's social environment. Concerns then arise with respect to the health of immigrant seniors that are isolated within their community due to language and cultural barriers.

Not only are immigrants that do not speak English at an increased chance of living in poverty, they also less frequently report excellent or very good health status (Ontario Ministry of Health, 1990). Since senior immigrants are also more likely to feel unhappy and isolated in their community, and less able to use social services available to them, service providers should look to improve the accessibility of their community-based programs.

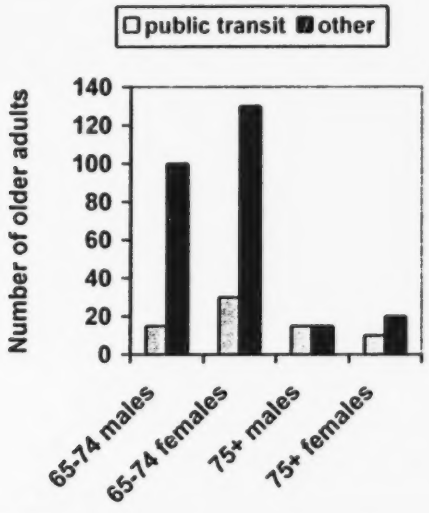
Official Language Knowledge

Ethnic seniors comprise approximately 36% of the Hamilton-Wentworth population that does not have English or French as one of its known languages. This statistic suggests the need for presenting information concerning seniors in various languages. For instance, the use of translators within social counseling centres and bilingual health care professionals are important components of the community support system that allows more non-English speaking seniors to become involved in social services. English as a Second Language (ESL) classes for seniors can make an important contribution to improving access to services for seniors or encouraging community involvement.

TRANSPORTATION

As we age it becomes increasing difficult to remain mobile. Seniors, many whom are afraid to drive a car themselves, must look for alternative forms of transportation to maintain an active lifestyle. The use of public transit is of particular importance since it involves service planning that will need to change if it is to accommodate an ageing population.

Chart 11: Use of Public Transit by Poor Older Adults Age Groups, Hamilton-Wentworth, 1996

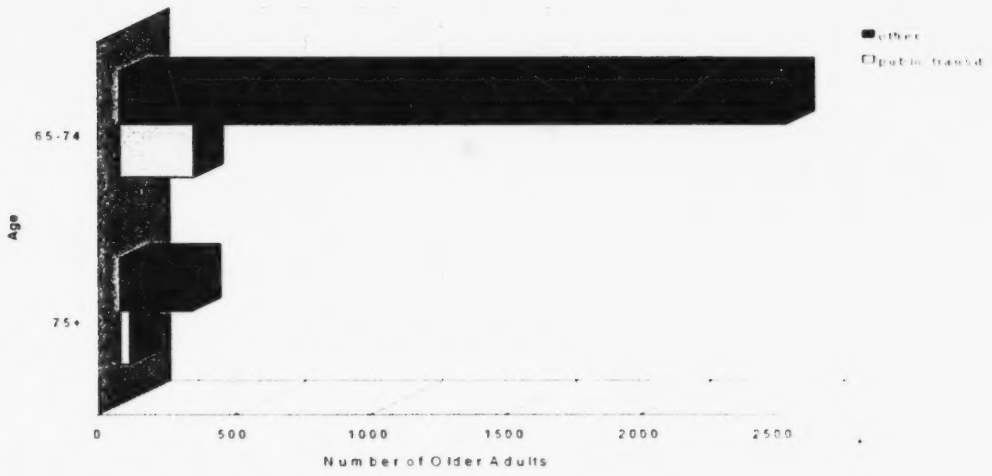


Source: Statistics Canada, 1996 Census. Beyond 20/20 Database.

Note: Other means of transportation include: bicycle, car, truck, van (as driver) car, truck, van (as passenger), motorcycle, taxicab, walking, and other.

According to Census data for Hamilton-Wentworth in 1996, less than 1% of older adults, ages 65 to 75, used public transit as their primary source of transportation. Seniors over the age of 75 were significantly more likely to use public transit, with 10.6% of this population using regional bus systems.

Chart 12: Public Transit Usage by Age, Hamilton-Wentworth, 1996



Source: Statistics Canada, 1996 Census. Beyond 20/20 Database.

In 1996, relatively equal numbers of older males and females used public transit. However, males aged 65-74 were more likely (9%) than females (4%) to use other means of transportation

Comparatively, older seniors (75 years and older) used public transit more than seniors between the ages 65-74; 11.7% for older seniors versus 10% for younger seniors.

In 1996, public transit in Hamilton-Wentworth was used less frequently than other modes of transportation such as personal vehicles and taxi services. However, the data shows that with increased age, more elder citizens begin to use public transit. With a longer average life span associated with increased physical activity and healthy living among seniors, much pressure will be placed on the development of centres that cater to the interests of this growing population.

Senior recreation centres that are easily accessible by car, and especially via bus will be more likely to attract or involve seniors.

Senior Hospitalization due to Injury

According to the Health Issues Report (1999), injury was the leading cause of death for individuals of all ages. In 1997, the senior population had the highest rate of hospitalization due to injury (and subsequently the highest mortality rate) as compared to all other age brackets in both Hamilton-Wentworth and Central-West Ontario.

In fact, falls by seniors (aged 64 years and older) were found to be one of the major causes of injury, death and disability in Hamilton-Wentworth. The frailty and decreased stable mobility that accompany old age are probable physiological factors contributing to this statistic. However, such accidents may also be associated with a number of social issues. Inappropriate dwelling conditions, activity limitations, and inadequate supervisory care for seniors may increase the incidence of preventable injuries and deaths.

ISSUES IDENTIFIED BY KEY INFORMANTS

Key Informant interviews were designed to be exploratory in nature and invite respondents to identify issues that pertained to seniors, in Hamilton and reflected important trends or changes taking place, particularly over the last year, for seniors.

The interviews probed the particular knowledge and expertise of individuals to discover more about the condition of seniors in the community, and to identify alternatives for action that might be explored to address problems.

Interviews were held with 8 individuals selected to reflect a range of experience as seniors housing providers, community service providers, leaders in seniors clubs, health and social service researcher or as public health service providers. The information gathered through sessions with key informants was then reviewed and organized into theme areas. These themes often identify issues that were reported by more than one key informant.

Adequate Income

Inadequate income was the most often identified and influential consideration in understanding the needs and issues most recently and significantly affecting our seniors population. Seniors with an inadequate income are primarily those most affected by recent changes in services supports in our community. This is not a new discovery but in fact represents a familiar experience in the seniors population. What may be new however is the frequency with which an inadequate income is restricting access to services and supports. Key informants remind us that government pensions are inadequate for meeting routine cost-of-living. It was also noted that immigrants in particular even more limited access to old age security or Canada pension plan benefits. As a result immigrants about other barriers will sometimes experience greater stress or other problems related to inadequacy of income.

Affordable Housing

An often-reported issue that appeared to be a growing problem is with access to safe and affordable housing. In some respects this is another aspect of the problem noted with having a low income. Many respondents indicated that rents are increasing rapidly, especially in relation to income and particularly for those on low and fixed incomes. At the same time the cost of utilities is also increasing rapidly and further complicating matters. Another feature of housing problems appears to be the increasing incidence of seniors showing up at local shelters. This trend is in part a reflection of the changing housing conditions in the community and their increasing unaffordability, but may also be related to healthcare experiences. For example several respondents noted that in some cases seniors are released from hospital but their hospital stay as disrupted their tenure in rental housing. The result is they may no longer have access to their home or apartment and are obliged to seek refuge in a local shelter for homeless people. Another feature of housing problems is

that of diminishing supports which enable people to live independently in their home. For example seniors who may need help when home repairs or small maintenance needs may be finding it increasingly difficult to get the support. This may in some cases be due to the decline if not loss of some home maintenance services recently in our community.

Family Relations and Support

There is growing concern about the extent to which families are being required to provide care and supports for seniors. There are clearly problems getting care and support when and where it may be needed. There are issues for caregivers in situations where family members are providing great amounts of care and support to family members without respite or any relief.

Alternatively and particularly where seniors are being compelled by circumstances to live with members of their family just to get by, there are increasing problems of abuse or exploitation. This can be related to obligations to provide extraordinary amounts of time caring for children in the family or where the finances and resources of a senior member of the family may be misappropriated.

Access to healthcare

The most commonly cited concern with respect to health care appears to be access to physician services. A number of dimensions to this problem were noted. One is that when seniors lose their family doctor for whatever reason they are unable to find a substitute a replacement. Doctors are considered by many seniors to be in attentive or even unresponsive to their healthcare needs. Another complicating factor is that doctors even when available, might be difficult to access as a result of complications in making transportation arrangements to see a doctor on short notice. The obvious concern this presents is that when seniors are unable to access appropriate healthcare it increases health risks which may result in more dramatic measures to correct health problems. For example it would not be unusual for a senior that has no family doctor to go a hospital for care as an alternative when medical attention for a health ailment is needed.

The cost of prescription drugs was also noted as a barrier to good health for seniors. This again is particularly true for seniors on low incomes. Indications were that to save money or because they couldn't afford them, prescription drugs would not be taken or reordered. As a consequence it appears that seniors may experience health problems that were otherwise avoidable. The result may be reentry into hospital or health care facility prematurely or unnecessarily. This represents an inefficient use of health care resources if not inappropriate use of resources.

Other features of health care issues include concerns with long waiting periods for health care. This seems particularly problematic for certain kinds of testing or treatment. Another health care trend raising concerns is that of being sent home early from a hospital stay without adequate support being arranged to support recuperation at home. It was not unusual to here key informants indicate knowledge of a subtle but clearly perceived

pressure to move seniors into a long term care facility as their new place of residence when they or others felt this was still premature.

Home Support Services

Concern was expressed about the apparent retreat of publicly funded non-medical health care services. There was a corresponding call for more emphasis and investment of resources to assist seniors to "age in place". Home support services are seen as more than just a health care issue because living independently with or without supports can affect how a senior person feels about themselves and their own capacity. If, without home supports a person feels unkempt or their house is unpresentable, then they won't invite people in and increasingly lose their ability to socialize leading to a sense of isolation or being marginalized.

Some seniors can afford to buy home support services, but even they face the problem of finding someone they can trust to help. Institutionalized home support services were seen as helpful with this aspect of care. As one person noted, even with money it's difficult to find someone you can trust to help with getting to bed for the night. Expectations for supports are modest but seniors are characterized as reluctant to ask for help. Sometimes this reflects the sense that they don't want to be a burden, even to family or friends. But it appears that sometimes their modest expectations or silence reflects a fear of losing support or exposing their weakness and potential inability to manage alone.

Community services that provide a range of supports to seniors living independently describe a system of services that is stretched to the limits. Voluntary sector support services in particular have experienced cuts in service sometimes owing to increasing costs and demands without corresponding increases in funding. Anecdotally, there is evidence of growing waiting lists for service while at the same time staff are leaving the sector at a greater rate than previously because salaries and wages are so low. Cutbacks in services are so dramatic that they represent a type of abuse of seniors. Support workers are overburdened, family and friends are overburdened and find it difficult to get relief and there may be less monitoring of the condition of some seniors as these conditions continue. Combined these trends are a matter of concern and it was suggested that there should at least be more research done on the frail elderly and resulting impacts as the lower levels of care are withdrawn.

Elder Abuse

Several key informants made reference to concerns about the incidence of abuse of seniors. Conditions that seem to contribute to abuse are linked to declining capacity of seniors to manage alone leading to increased reliance on others. Sharing accommodation with family members was seen as a potential contributing factor. These arrangements can be useful for providing support but in some cases can lead to unhealthy relationships and may not be preferred by seniors. However, seniors may feel that there are no alternative living arrangements available that provide needed supports. As a result they become trapped in an undesirable arrangement.

New services are anticipated through the Provincial government which provide for seniors abuse workers who will build community capacity for responding to an abuse of seniors when those conditions can be identified. It was suggested that these workers should work from an organization other the Community Care Access Centres in order to more easily gain the trust of seniors in the community.

Social Networks and Isolation

There was a clear expression of a need to strengthen our community's capacity to provide support to seniors groups. Supporting the formation or operation of seniors clubs was identified as important to building or maintaining social networks, models of mutual support or at least reducing the isolation of seniors. There was also expression of some concern that the City is scaling back the extent to which it provides this kind of support to seniors groups in Hamilton.

Immigrant Elders

Immigrants who are seniors have experiences that are in many ways similar to the experience of other seniors in the community. To some extent they experienced problems getting around using public transportation systems, may have income limitations and difficulties finding affordable housing. But their experiences are distinctly different in some ways. Language was identified as a major barrier to participation in community life and in accessing services. Health services were identified as a particular concern. A need for more doctors who speak languages other than English was noted. Translation and interpreter services were also identified as a needed and useful resource for better accessing services.

Isolation also seems particularly acute for immigrant seniors. Social groups were noted as important, allowing contact outside of the house and a place to go. These groups were seen as valuable not only for the benefit of reducing isolation, having some fun and building a social life, but useful for dealing with complaints about health, learning a skill or craft and learning English as a second language.

Action to Improve Seniors Well-being

Some concern was noted about the declining ability of seniors in some situations to properly access entitlements to services or supports that are available. The resulting suggestion was that systems be developed which would enable community services for individuals to better advocate on behalf of a senior to help them access their entitlements. This support is important because a number of key informants indicated that seniors will too often avoid seeking these entitlements for fear of losing a service or denial of benefits as a result of their complaining. The perception that seniors experience isolation and fear of reprisal or denial of benefits seem to be a condition that worsens as a cutback in services takes place.

Transportation

Informants almost without exception indicated that seniors face serious transportation issues. Their mobility is often limited by their reliance on public transportation systems.

There appear to be fewer transportation options and resources available to seniors. Bus tickets were identified as expensive. Bus systems are limited in their capacity to transport seniors in a timely fashion to their appointments or services in the community.

Noteworthy is that with declining availability of access to doctors seniors are obliged to travel farther to see a doctor. Similarly with the closing community branches of local banks seniors are required to travel further to attend to their financial matters. Transportation barriers have a direct impact on these functions that seniors need to attend to remain independent. Of course these transportation barriers worsened in the winter to when snow and sidewalks and walkways making the walk even from a bus to a store or office are even more treacherous.

Planning and Coordination of Services

Another theme emerging from these interviews was that respondents felt our community needs more emphasis and investment of resources to support seniors who would like to age in place, that is seniors who would like to remain in their home. Community Care Access Centres have recently reduced their services and this is having a noticeable impact on the capacity of seniors to remain in their homes.

It was suggested that that in response to these changing conditions Hamilton needs to commit to the development of a new comprehensive plan for seniors in this city. An important function of this plan would be to deal with the perceived if not real decline in integration of services. Integration of services was reported to be a worsening condition than was the case only a few years ago.

Other program and policy issues

It was suggested that mandatory retirement requirements at age 65 are policies that need review. There are many benefits that would be gained including extending the value experience and capacity of older workers to benefit local businesses and the economy while at the same time addressing some of the income and pension issues that seniors face.

There appears to be a great appetite for information about community services, supports and other community benefits available to seniors. Family members, service providers and seniors themselves are often seeking ways to find more information about community benefits. New strategies are needed to continue to make information available. One innovative suggestion was to establish a local television show for seniors through the local cable television station.

SUMMARY OF ISSUES

The aging population is growing and people are living longer. The population of seniors is growing at a faster rate in some communities within the City of Hamilton, although the largest population of seniors will continue to reside in the central areas of Hamilton.

The seniors population is predominantly female. Women also experience higher rates of inadequate incomes and living alone than males.

Seniors living alone on low incomes are experiencing increasing financial stress and isolation.

There is a high rate of poverty in the seniors population. The majority of seniors rely on government pensions and income support programs that provide an inadequate income. The population of seniors living alone has a very high rate of poverty and this poverty rate increases as that population ages.

Securing adequate housing is increasingly a problem for seniors. Housing costs are increasing faster than pension incomes. There is no growth in the supply of subsidized rental housing for seniors living independently even though the population in need of this support is growing. Low income seniors are finding it increasingly difficult to manage and maintain their housing when living independently.

There has been a decrease in the provision of formal home care and home support services to seniors in this community. This is having a significant impact on seniors living on an already low income who may be unable to purchase substitute supports.

Women who may be family or friends predominantly provide informal care. This care is not systematically available to all and so may benefit some but not others. Informal care activity is related to employment status and so may have a notable impact on labour market participation particularly for women.

Hamilton has large culturally diverse seniors population as a result of high rates of immigration. Those seniors are experiencing barriers to services due to language barriers and cultural barriers that result in isolation.

Transportation services are not adequate to meet the needs of many seniors. They are identified as expensive and problematic, particularly in inclement weather.

Health issues are a serious concern for seniors. They note lack of adequate access to doctors and medical services. They have concerns about the quality of care and have identified a concern with assignment to long term care facilities prematurely as a remedy to individual conditions. The high cost of prescription drugs was also noted as a problem.

Concerns were expressed about the incidence of elder abuse. A number of trends such as informal supports, sharing accommodation, and isolation in combination may be contributing to increasing incidents of abuse.

Seniors values social networks and opportunities to meet with other seniors as a way of reducing isolation and finding information and support. Seniors clubs and groups should be supported and more established to meet this need.

Services for seniors are not well known or understood. The system of services does not appear to be well coordinated or easy to access. More information, better available and advocacy support to develop or access systems were recommended.

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UNITED NATIONS PRINCIPLES OF THE OLDER PERSON

The United Nations General Assembly adopted the following 18 principles for older persons on December 16, 1991. (Resolution number 46/91)

Independence #1:
Older persons should have access to adequate food, water, shelter, clothing and health care through the provision of income, family and community support and self help.

Independence #2:
Older persons should have the opportunity to work or to have access to other income-generating opportunities.

Independence #3:
Older persons should be able to participate in determining when and at what pace withdrawal from the labour force takes place.

Independence #4:
Older persons should have access to appropriate educational and training programs.

Independence #5:
Older persons should be able to live in environments that are safe and adaptable to personal preferences and changing capacities.

Independence #6:
Older persons should be able to reside at home for as long as possible.

PARTICIPATION
Independence #7:
Older persons should remain integrated in society, participate actively in the formulation and implementation of policies that directly affect their well being and share their knowledge and skills with younger generations.

Independence #8:
Older persons should be able to seek and develop opportunities for service to the community and to serve as volunteers in positions appropriate to their interests and capabilities.

Independence #9:
Older persons should be able to form movements or associations of older persons.

CARE

Independence #10:
Older persons should benefit from family and community care and protection in accordance with each society's system of cultural values.

Independence #11:
Older persons should have access to health care to help them to maintain or regain the optimum level of physical, mental, and emotional well-being and to prevent or delay the onset of illness.

Independence #12:
Older persons should have access to social and legal services to enhance their autonomy, protection, and care.

Independence #13:
Older persons should be able to utilize appropriate levels of institutional care providing protection, rehabilitation, and social and mental stimulation in a humane and secure environment.

Independence #14:
Older persons should be able to enjoy human rights and fundamental freedoms when residing in any shelter care or treatment facility, including full respect for their dignity, beliefs, needs and privacy and for the right to make decisions about their care and the quality of life.

SELF-FULFILLMENT

Independence #15:
Older persons should be able to pursue opportunities for the full development of their potential.

Independence #16:
Older persons should have access to the educational, cultural, spiritual, and recreational resources of society.

DIGNITY

Independence #17:
Older persons should be able to live in dignity and security and be free of exploitation and physical or mental abuse.

Independence #18:
Older persons should be treated fairly regardless of age, gender, racial or ethnic background, disability or other status and should be valued independently of their economic contributions.